

ISSUE SLIP STAPLE AREA (for additional cross references)

78
10-24-00

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | DO | 753/6 | 9/15/00 |
| O.I.P.E. CLASSIFIER | | | 9-21-00 |
| FORMALITY REVIEW | AL | TC-857 | 10/20/00 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1 | | 12/13/00 | |
| 2 | | 2/24/01 | |
| 3 | | 2/24/01 | |
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| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 51 | | 12/13/00 | |
| 52 | | 2/24/01 | |
| 53 | ✓ | | |
| 54 | ✓ | | |
| 55 | ✓ | | |
| 56 | ✓ | | |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)